

**COUNTY OF SANTA CLARA
RESIDENT SURVEY
WHAT ARE THE HOUSING AND COMMUNITY DEVELOPMENT NEEDS IN YOUR
NEIGHBORHOOD?**

As you fill-out this survey, please consider the following: 1) The needs in your neighborhood that should be addressed; 2) Rate the need level for each of the following items and circle the one that best applies.

Check one of the following:

- ☐ I am 62 years or older
☐ I am disabled
☐ None of the above
- ☐ I am 18 years or younger
☐ I am a female head of household

Please provide the ZIP CODE of your residence: _____

For the items below, please circle your choice using the range from 1 – 4, 1 indicates the lowest need, 4 indicates the highest need.

| Community Facilities | Lowest | | Highest | | Community Services | Lowest | | Highest | |
|-------------------------------|--------|---|---------|---|----------------------------|--------|---|---------|---|
| Senior Centers | 1 | 2 | 3 | 4 | Senior Services | 1 | 2 | 3 | 4 |
| Youth Centers | 1 | 2 | 3 | 4 | At-Risk Youth Services | 1 | 2 | 3 | 4 |
| Child Care Centers | 1 | 2 | 3 | 4 | Child Care Services | 1 | 2 | 3 | 4 |
| Park/Recreation Facilities | 1 | 2 | 3 | 4 | Transportation Services | 1 | 2 | 3 | 4 |
| Health Care Facilities | 1 | 2 | 3 | 4 | Domestic Violence Services | 1 | 2 | 3 | 4 |
| Homeless persons and families | 1 | 2 | 3 | 4 | Disabled Persons Services | 1 | 2 | 3 | 4 |
| Substance Abuse Rehab | 1 | 2 | 3 | 4 | Fair Housing Services | 1 | 2 | 3 | 4 |

| Infrastructure | Lowest | | Highest | | Neighborhood Services | Lowest | | Highest | |
|------------------------------|--------|---|---------|---|----------------------------------|--------|---|---------|---|
| Flood/Drainage Improvement | 1 | 2 | 3 | 4 | Landlord/Tenant Dispute Services | 1 | 2 | 3 | 4 |
| Water/Sewer Improvement | 1 | 2 | 3 | 4 | Trash & Debris Removal | 1 | 2 | 3 | 4 |
| Street/Alley Improvement | 1 | 2 | 3 | 4 | Graffiti Removal | 1 | 2 | 3 | 4 |
| Street Lighting | 1 | 2 | 3 | 4 | Code Enforcement | 1 | 2 | 3 | 4 |
| Sidewalk Improvements | 1 | 2 | 3 | 4 | Parking Facilities | 1 | 2 | 3 | 4 |
| | | | | | | | | | |
| Businesses & Jobs | Lowest | | Highest | | Housing | Lowest | | Highest | |
| Start-up Business Assistance | 1 | 2 | 3 | 4 | Accessibility Improvements | 1 | 2 | 3 | 4 |
| Small Business Loans | 1 | 2 | 3 | 4 | Ownership Housing Rehabilitation | 1 | 2 | 3 | 4 |
| Job Creation/Retention | 1 | 2 | 3 | 4 | Rental Housing Rehabilitation | 1 | 2 | 3 | 4 |
| Employment Training | 1 | 2 | 3 | 4 | Homebuyer Assistance | 1 | 2 | 3 | 4 |
| Seismic Safety Improvements | 1 | 2 | 3 | 4 | Senior Housing | 1 | 2 | 3 | 4 |
| Retail Façade Improvements | 1 | 2 | 3 | 4 | Housing for Large Families | 1 | 2 | 3 | 4 |
| Business Mentoring | 1 | 2 | 3 | 4 | Housing for Disabled | 1 | 2 | 3 | 4 |

Of all the items above, which two are most important to you?

Please return surveys by *February 4, 2005* to:

**Town of Los Gatos
Community Services Department
P.O. Box 949
Los Gatos, CA 95031
FAX: 408 395-8640**